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To:	Examiner Isis A.D. GHALI
Group Art Unit:	1615
Fax No.:	571-273-8300
Phone No.:	571-272-0595
Application No.:	10/611,531
Atty. Docket No.:	ARC 2869 N1
From:	Lisa McDill for Philip S. Yip
Pages:	13, including cover
Date:	October 17, 2005

Enclosed, please find:

1. Transmittal form (1 pg.);
2. Fee Transmittal (1 pg.); and
3. Response to Office Action / Amendment (10 pp.).

If there is an error with this transmission or if all referenced attachments are not received, please call the sender, Lisa McDill, 650-564-5808.

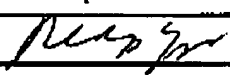
PTO/SB/21 (09-04)

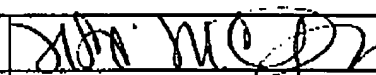
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U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/611,531	RECEIVED CENTRAL FAX CENTER OCT 17 2005
	Filing Date	June 30, 2003	
	First Named Inventor	Venkatraman et al.	
	Art Unit	1615	
	Examiner Name	Isis A.D. GHALI	
Total Number of Pages in This Submission	11	Attorney Docket Number	ARC 2869 N1

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks Enclosed: 1. Transmittal form (this sheet, 1 pg.); 2. Fee Transmittal (1 pg.); and 3. Response to Office Action/Amendment (10 pp.).		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm Name	ALZA Corporation	
Signature		
Printed name	Philip S. Yip	
Date	10/17/2005	Reg. No. 37,265

CERTIFICATE OF TRANSMISSION/MAILING		
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:		
Signature		
Typed or printed name	Lisa McDill	Date 10/17/2005

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/17 (12-04v2)

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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4819). FEE TRANSMITTAL For FY 2005		Complete if Known Application Number 10/611,531 Filing Date June 30, 2003 First Named Inventor Venkatraman et al. Examiner Name Isis A.D. GHALI Art Unit 1615 Attorney Docket No. ARC2869N1	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		RECEIVED CENTRAL FAX CENTER OCT 17 2005	
TOTAL AMOUNT OF PAYMENT (\$) 0.00			

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____
☒ Deposit Account Deposit Account Number: **10-0750** Deposit Account Name: **Johnson & Johnson**
 For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

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FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

Total Claims **53** Extra Claims **3** Fee (\$)
25 - 3 or HP = **0** x **0** = **0** Fee Paid (\$)
 HP = highest number of total claims paid for, if greater than 20.

Indep. Claims **3** Extra Claims **0** Fee (\$)
3 - 3 or HP = **0** x **0** = **0** Fee Paid (\$)
 HP = highest number of independent claims paid for, if greater than 3.

Fee (\$)	Small Entity Fee (\$)
50	25
200	100
360	180
Multiple Dependent Claims	
Fee (\$)	Fee Paid (\$)

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets **300** Extra Sheets **200** Number of each additional 50 or fraction thereof **4** Fee (\$)
300 - 100 = **200** / 50 = **4** (round up to a whole number) x **250.00** = **1000.00** Fee Paid (\$)
 Fee Paid (\$)
1000.00

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge):

Fees Paid (\$)

SUBMITTED BY

Signature		Registration No. (Attorney/Agent)	37,265	Telephone	650-564-2195
Name (Print/Type)	Philip S. Yip	Date	October 17, 2005		

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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OCT 17 2005

CERTIFICATE OF TRANSMISSION under 37 CFR § 1.8

I hereby certify that this correspondence is being facsimile transmitted to the attention of Examiner Isis A.D. GHALI, Group Art Unit 1615, at the USPTO, Fax No. 571-273-8300, on October 17, 2005.

By: Printed: Lisa McDill**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant(s): Venkatraman et al.

Serial No.: 10/611,531

Filed: June 30, 2003

For: TRANSDERMAL DRUG DELIVERY
DEVICES COMPRISING A
POLYURETHANE DRUG RESERVOIR**Attorney Docket No.:**
ARC 2869 N1

Submitted via fax

ATTN: Examiner Isis A.D. GHALI

Group Art Unit: 1615

Fax No.: 571-273-8300

RESPONSE TO OFFICE ACTION / AMENDMENT

Sir:

This Response/Amendment is being submitted in response to the Office Action mailed by the USPTO on July 19, 2005.

Please amend the application as follows:

Amendments to the Claims begin on page 2.

Remarks begin on page 6.

Atty. Docket No.: ARC 2869 N1
Serial No.: 10/611,531Response to Office Action
mailed 07/19/2005